Filed 06/19/2008 Case 5:07-cv-02813-JW Document 68-16 Page 1 of 80

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By

MAY 2 0 2008

Settlement Services, Inc.

ENTERED MAY 2 0 2008

CLAIM FORM

CA

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1.	Your Contact Information. Please review and, if necessary, correct on the line to the right your contact information:			
	Please review and, if necessary, corr	ect on the line to	the right your contact information.	
	Cadence Employee ID # 110496 Last four digits of Social Security no	ımber		
	lldududlududludududuulluulludla Ramnath Krishnan Pallasena	dınllılıd 3		
	If you wish, please add further conta and/or Class Counsel to reach you in settlement check.	act information has the event there	are questions or difficulties sending you your	
	Telephone number (daytime): Telephone number (evening) E-mail:			
2.	Your Estimated Settlement Share	, Dates of Empl	oyment, and Work Location	
		ands show that w	ou were employed by Cadence in a Covered e Settlement (see § 1.a. of the Class Notice) as	
	follows:			
			Dates of Employment	
	State(s) Where You Worked	Start Date	End Date	
	2(-)			

1 of 2 Claim Form

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3.	I wish to	receive	my share	of the	proposed	Settlement.
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P.K. Rannott

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

> Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at http://www.lieffcabraser.com/cadence-overtime.htm, jsagafi@lchb.com, or 1-800-541-7358.

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 **RECEIVED BY**

JUN 06 2008

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1.	Your Contact Information					
	Please review and, if necessary, co	rrect on the lir	ne to the right your contact information:			
	Cadence Employee ID # 109066 Last four digits of Social Security 1	number				
	Anil K. Pawar					
			on here. This will help the Settlement Administrates are questions or difficulties sending you you			
	Telephone number (daytime): Telephone number (evening) E-mail:		·			
2.	Your Estimated Settlement Share, Dates of Employment, and Work Location					
			at you were employed by Cadence in a Covered the Settlement (see § 1.a. of the Class Notice) as			
		,	Dates of Employment			
	State(s) Where You Worked	Start Date	End Date			
	MD					

JUN 06 2008

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- 3. I wish to receive my share of the proposed Settlement.

06/05/08,2008

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Document 68-16

Filed 06/19/2008 Page 5 of 80

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator

Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 ENTERED APR 1 7 2008

Received By

APR 1 7 2008

settlement Services, Inc.

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Your Contact Information.		
Please review and, if necessary,	correct on the line to the	right your contact information:
Cadence Employee ID # 105361 Last four digits of Social Security	y number ′	
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· · · · · · · · · · · · · · · · · · ·		This will help the Settlement Administrates or difficulties sending you you
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and/or Class Counsel to reach yo settlement check. Telephone number (daytime): Telephone number (evening)	u in the event there are o	questions or difficulties sending you you
and/or Class Counsel to reach yo settlement check. Telephone number (daytime): Telephone number (evening) E-mail: Your Estimated Settlement Sha Cadence Design Systems, Inc.'s 1	u in the event there are of the cords show that you work as defined in the Sett.	questions or difficulties sending you you

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Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

Case 5:07-cv-02813-JW

Document 68-16

Filed 06/19/2008 **ENTERED** MAY 2 8 ZÜÜ8

Higazi v. Cadence Design Systems, Inc. **Class Action Settlement Administrator**

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Received By

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Settlement Services, Lie

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1.	Your Contact Information.				
	Please review and, if necessary, cor	rect on the line	to the right your contact information:		
	Cadence Employee ID # 106100 Last four digits of Social Security n	umber			
	llılınlılınıllınllınlılılınlınlınlıllı Robert R. Peterson 60	mHandhl			
	If you wish, please add further cont and/or Class Counsel to reach you i settlement check.	act information n the event ther	here. This will help the Settlement Administrate are questions or difficulties sending you your	:01	
	Telephone number (daytime): Telephone number (evening) E-mail:				
2.	Your Estimated Settlement Share, Dates of Employment, and Work Location				
	Cadence Design Systems, Inc.'s rec Position during the Covered Period	ords show that as defined in th	you were employed by Cadence in a Covered se Settlement (see § 1.a. of the Class Notice) as		
	follows:				
			Dates of Employment		
	State(s) Where You Worked	Start Date	End Date		
			_ ,		

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3. I wish to receive my share of the proposed Settlement.

Signature

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Case 5:07-cv-02813-JW Document 68-16 Filed 06/19/2008 3 Page 9 of 80

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756

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1.	Your Contact Information.					
	Please review and, if necessary, correct on the line to the right your contact information:					
	Cadence Employee ID # 113682 Last four digits of Social Security number	· · · · · · · · · · · · · · · · · · ·				
	lldadalddaddladdladdladdaddadd Christine N. Pham 30					
	If you wish, please add further contact information here and/or Class Counsel to reach you in the event there are settlement check.					
	Telephone number (daytime): Telephone number (evening) E-mail:	-				
2.	Your Estimated Settlement Share, Dates of Employment, and Work Location					
	Cadence Design Systems, Inc.'s records show that you versition during the Covered Period as defined in the Sett follows:					
	Da	tes of Employment				
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3. I wish to receive my share of the proposed Settlement.

Signature

 $\frac{04 \left| 08 \right| 0\%}{\text{Date}}, 2008$

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5. Questions?

Case 5:07-cv-02813-JW Document 68-16

Filed 06/19/2008 Bage 11 of 80

Received By

APR 2 1 2008

Settlement Services, In-

ENTERED APR 2 1 2008

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Higazi v. Cadence Design Systems, Inc.

Class Action Settlement Administrator

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Cadence Employee ID # 107789			
Last four digits of Social Security	y number		
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Date

Apl 11/08,2008

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Case 5:07-cv-02813-JW

Document 68 120

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Settlement Services, 11.

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	Please review and, if necessary, correct on the line to the right your contact information:					
	Cadence Employee ID # 106764 Last four digits of Social Security I	number				
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	:					
	If you wish, please add further contand/or Class Counsel to reach you settlement check.					
	Telephone number (daytime): Telephone number (evening) E-mail:					
2.	Your Estimated Settlement Share, Dates of Employment, and Work Location					
	Cadence Design Systems, Inc.'s rec					
	Position during the Covered Period follows:	as defined in the Sett	nement (see § 1.a. of the Class	s Notice) as		
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> Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at http://www.lieffcabraser.com/cadence-overtime.htm, jsagafi@lchb.com, or 1-800-541-7358.

Case 5:07-cv-02813-JW

Document 68-16₂

Filed 06/19/2000 TERSED 5

Higazi v. Cadence Design Systems, Inc.

Class Action Settlement Administrator

Post Office Box 1756 Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

MAY 2 7 2008

Settlement Senoces, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1.	Your Contact Information. Please review and, if necessary, correct on the line to the right your contact information: Cadence Employee ID # 106570 Last four digits of Social Security number
	Hilmhilmhilmhill Gregg Potter 117
	If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.
	Telephone number (daytime): Telephone number (evening) E-mail:
_	E-mail: Your Estimated Settlement Share, Dates of Employment, and Work Location Your Estimated Settlement Share, Dates of Employment, and Work Location
2.	Cadence Design Systems, Inc.'s records show that you were employed by Cadence Design Systems, Inc.'s records show that you were employed by Cadence Design Systems, Inc.'s records show that you were employed by Cadence Design Systems, Inc.'s records show that you were employed by Cadence Design Systems, Inc.'s records show that you were employed by Cadence Design Systems, Inc.'s records show that you were employed by Cadence Design Systems, Inc.'s records show that you were employed by Cadence Design Systems, Inc.'s records show that you were employed by Cadence Design Systems, Inc.'s records show that you were employed by Cadence Design Systems, Inc.'s records show that you were employed by Cadence Design Systems, Inc.'s records show that you were employed by Cadence Design Systems, Inc.'s records show that you were employed by Cadence Design Systems, Inc.'s records show that you were employed by Cadence Design Systems, Inc.'s records show that you were employed by Cadence Design Systems, Inc.'s records show the Cadence Design Systems of th
	follows: Dates of Employment
	End Date
	State(s) Where You Worked Start Date End Date
	CA

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3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

Signature

Date

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Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Post

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

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Settlement Services ...

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1.	Your Contact Information.					
	Please review and, if necessary, correct on the line to the right your contact information:					
	Cadence Employee ID # 103636 Last four digits of Social Security r	number		· · · · · · · · · · · · · · · · · · ·		
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	, 			<u></u>		
	If you wish, please add further cont and/or Class Counsel to reach you i settlement check.					
	Telephone number (daytime): Telephone number (evening) E-mail:					
2.	Your Estimated Settlement Share, Dates of Employment, and Work Location					
_ 	Cadence Design Systems, Inc.'s rec Position during the Covered Period follows:	ords show that yo as defined in the S	u were employed by C Settlement (see § 1.a. o	Cadence in a Covere of the Class Notice)	d as	
			Dates of Employment			
	State(s) Where You Worked	Start Date	End Da	ate		

CA

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25 MAy , 2008 Date

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Case 5:07-cv-02813-JW Document 68-16 LFiled 06/19/200 MAY 1 3 2008

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By MAY 13 2008 Sertlement Services, In.

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	TOUR COMMON PROPERTY.				
	Please review and, if necessary, co	rrect on the line	to the right your contact information:		
	Cadence Employee ID #: 112685 Last four digits of Social Security 1	number.			
	Sanjay Kumar Raghavendra				
			here. This will help the Settlement Administrators are questions or difficulties sending you your		
	Telephone number (daytime): Telephone number (evening) E-mail:				
2.	Your Estimated Settlement Share, Dates of Employment, and Work Location				
	Cadence Design Systems, Inc.'s rec Position during the Covered Period follows:	ords show that y as defined in the	you were employed by Cadence in a Covered e Settlement (see § 1.a. of the Class Notice) as		
			Dates of Employment		
	State(s) Where You Worked	Start Date	End Date		
	CA				



Case 5:07-cv-02813-JW Document 68-16 Filed 06/19/2008 Page 20 of 80

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R. Canyarder 04/24/
Signature Date

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Case 5:07-cv-02813-JW Document 68-16 3 Filed 06/19/2008 Page 21 of 80 MAY 1 3 2008

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator

Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received Bv MAY 1 3 2008 Settlement Services, Inc

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1.	Your Contact Information.	t the angular information:			
	Please review and, if necessary, correct on the line	to the right your contact information.			
	Cadence Employee ID # 107522 Last four digits of Social Security number				
	llılınlılınıllıllınllıllınllıllınlıllınlıllıl				
	If you wish, please add further contact information and/or Class Counsel to reach you in the event the settlement check.	here. This will help the Settlement Administratore are questions or difficulties sending you your			
	Telephone number (daytime): Telephone number (evening) E-mail:				
2.	Your Estimated Settlement Share, Dates of Employment, and Work Location				
4.	Cadence Design Systems, Inc.'s records show that Position during the Covered Period as defined in the	Large verses small Well by Laubille III 4 Covers			
	follows:				
		Dates of Employment			
	State(s) Where You Worked Start Date	End Date			
	State(s) where rou worker				
	CA				

1 of 2 Claim Form Ny

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Signature

Date

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Tallahassee, FL 32302-1756
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Case 5:07-cv-02813-JW Document 68-16 Filed 06/19/2008 3Page 23 of 80

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator

Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By
MAY 2 0 2008
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ENTERED MAY 2 0 2008

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	Cadence Employee ID # 111250 Last four digits of Social Security no			
	lldududdullulululululululululululul Gopinath Rao 40	Mandal		
	If you wish, please add further contant and/or Class Counsel to reach you is settlement check.	act information here. n the event there are o	This will help the Settlement questions or difficulties sendi	Administrator ng you your
	Telephone number (daytime): Telephone number (evening) E-mail:	; ;		. —
2.	P-man: Your Estimated Settlement Share	<u>e, Dates of Employm</u>	ent, and Work Location	a .1
4.	Cadence Design Systems, Inc.'s rec Position during the Covered Period			a Covered s Notice) as
	follows:	Da	ites of Employment	
		Start Date	End Date	
	State(s) Where You Worked	Start Date		·
	CA			

1 of 2 Claim Form TH OP

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3.	I wish t	o receive my	share	of the pro	posed Set	ttlement
	_		-	F-V	Posta St.	TOTAL OIL.

Ly ly Now Tay
Signature

5/6/08 ,2008

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Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By

MAY 1 6 2008

Settlement Services, Inc.

Page 25 of 80GE 01

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Cadence Employee ID # 111250 Last four digits of Social Security	number		
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If you wish, please add further con and/or Class Counsel to reach you settlement check.	ntact information be in the event there	nere. This will help the Settlement Adr are questions or difficulties sending yo	 ninistrate ou your
Telephone number (daytime): Telephone number (evening) E-mail:		<u> </u>	•
Your Estimated Settlement Shar	re. Dates of Empl	oyment, and Work Location	
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		Dates of Employment	<u> </u>
State(s) Where You Worked	Start Date	End/Date	
CA			

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3.	I wish to	receive my	share	of the g	proposed	Settlement.
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Ly ly Now Tey
Signature

5/6/08

2008

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Higazi v. Cadence Design Systems, Inc.

Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received B.
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ENTERED MAY 1 9 2008

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	Please review and, if necessary, cor	rect on the line to t	he right your contact informati	on:
	Cadence Employee ID # 116042 Last four digits of Social Security n	umber		
	llılındı illindi ildi ildi ildi ildi ildi ildi i			<u></u>
				
	If you wish, please add further contand/or Class Counsel to reach you is settlement check.	act information her n the event there ar	e. This will help the Settlemer e questions or difficulties send	nt Administrato ing you your
	and/or Class Counsel to reach you is	act information her n the event there ar	e. This will help the Settlemer e questions or difficulties send	nt Administrato ing you your
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. Your estimated Settlement Based on this information, your estimated Settlement Share is \$ Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

<u>May 13</u>, 2008 Date

Page 28 of 80

Signature

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

> Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at http://www.lieffcabraser.com/cadence-overtime.htm, jsagafi@lchb.com, or 1-800-541-7358.

Page 29 of 80 82

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 ENTERED MAY 1 4 2008 Received By MAY 1 4 2008

Settlement Services, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1.	Your Contact Information.		. · ·
	Please review and, if necessary, co	rrect on the line to	the right your contact information:
	Cadence Employee ID # 116042 Last four digits of Social Security	number	
	Ildindulling Industrial Industria	8 tact information h in the event there	ere. This will help the Settlement Administrator are questions or difficulties sending you your
" -	Telephone number (daytime): Telephone number (evening) E-mail:		
2.	Your Estimated Settlement Shar	e, Dates of Emplo	oyment, and Work Location
	Cadence Design Systems, Inc.'s re- Position during the Covered Period follows:	cords show that you last defined in the	ou were employed by Cadence in a Covered Settlement (see § 1.a. of the Class Notice) as
	·		Dates of Employment
	State(s) Where You Worked	Start Date	End Date
	CA		



Based on this information, your estimated Settlement Share is:

. Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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Signature has

May 13

2008

Signatur

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Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

ENTERED MAY 1 5 2008 Higazi v. Cadence Design Systems, Inc.

Class Action Settlement Administrator

Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

Received By MAY 1 5 2008

Settlement Services, Im-

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1.	Your Contact Information. Please review and, if necessary, correct on the line to the right your contact information:
	Cadence Employee ID # 113020 Last four digits of Social Security number ———————————————————————————————————
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	If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.
	Telephone number (daytime): Telephone number (evening) E-mail:
_	E-mail: Your Estimated Settlement Share, Dates of Employment, and Work Location Your Estimated Settlement Share, Dates of Employment, and Work Location Your Estimated Settlement Share, Dates of Employment, and Work Location
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	Dates of Employment
	End Date
	State(s) Where You Worked Start Date End Date
	$C\Delta$

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- Jan-	9th MAY	, 2008
Signature	Date	

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Higazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

1. Your Contact Information.

RECEIVED BY

MAY 13 2008

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Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

ENTERED MAY 1 4 2008

CLAIM FORM

2.

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Telephone number (daytime): Telephone number (evening) 3-mail: Your Estimated Settlement Shar Cadence Design Systems, Inc.'s re Position during the Covered Period collows:	cords show that you as defined in the S	u were employed by	Cadence in a Cov of the Class Notic	ce) z
Telephone number (daytime): Telephone number (evening) 3-mail: Your Estimated Settlement Shar Cadence Design Systems, Inc.'s re Position during the Covered Period collows:	cords show that you as defined in the S	u were employed by settlement (see § 1.a.	Cadence in a Cov of the Class Noti	ce) a
Telephone number (daytime): Telephone number (evening) E-mail: Your Estimated Settlement Shar Cadence Design Systems, Inc.'s re	cords show that you	u were employed by	Cadence in a Cov	ered
Telephone number (daytime): Telephone number (evening) E-mail: Your Estimated Settlement Shar		· ·		- .
Settlement check. Telephone number (daytime): Telephone number (evening) E-mail:	_		· · · · · · · · · · · · · · · · · · ·	- ,
Telephone number (daytime): Telephone number (evening)				- .
Telephone number (daytime):				
settlement check.				
If you wish, please add further cor and/or Class Counsel to reach you	ntact information he in the event there a	ere. This will help the are questions or diffic	e Settlement Adn ulties sending yo	ninis u yo
unitario e				 , .
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Last four digits of Social Security	number			
Cadence Employee ID # 113020		•		

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Clary	9th MAY	, 2008
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5. Onestions?

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator

Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 RECEIVED BY MAY 13 2008

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Last four digits of Social Security number					
Last four digits of Social Security number Haranadh Rasamsetty	Please review and, if necessary, co	prect on the line to	the right your	contact info	ormation:
Haranadh Rasamsetty 191 If you wish, please add further contact information here. This will help the Settlement Adamd/or Class Counsel to reach you in the event there are questions or difficulties sending mettlement check. Telephone number (daytime): Telephone number (evening) E-mail: Your Estimated Settlement Share, Dates of Employment, and Work Location Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Cadence Design Systems, Inc.'s records as defined in the Settlement (see § 1.a. of the Class Not ollows: Dates of Employment	Cadence Employee ID # 113020 Last four digits of Social Security	number			
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Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Coosition during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notes). Dates of Employment	settlement check.				
Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class No ollows: Dates of Employment	Telephone number (evening)	•	·		
	Telephone number (evening) E-mail:	e, Dates of Employ	ment, and W	ork Locati	
	Telephone number (evening) E-mail: Your Estimated Settlement Shar Cadence Design Systems, Inc.'s re Position during the Covered Period follows:	cords show that you as defined in the So	were employ attlement (see	ed by Cader § 1.a. of th	nce iri a Co

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Claral	9th MAY	, 2008
Signature	Date	•

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Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

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ENTERED MAY 3 0 2008

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756 Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

Received By
MAY 29 2008
Dettlement Services, Inc.

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1. Your Contact Information.			
Please review and, if necessary, c	correct on the line to the	right your contact information	on:
Cadence Employee ID # 109080 Last four digits of Social Security	number		
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		-	
If you wish, please add further con and/or Class Counsel to reach you settlement check.	in the event there are		
and/or Class Counsel to reach you	in the event there are		
and/or Class Counsel to reach you settlement check. Telephone number (daytime): Telephone number (evening)	in the event there are	uestions or difficulties sendi	
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1 of 2 Claim Form

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Case 5:07-cv-02813-JW

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Signature

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Case 5:07-cv-02813-JW Document 68-16 Filed 06/19/200 NTERED MAY 1 3 2008

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator

Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By

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	Hduddulululululululululululululululululu
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	Telephone number (daytime): Telephone number (evening) E-mail:
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	Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as
	follows:
	Dates of Employment
	State(s) Where You Worked Start Date End Date
	Didico(s) (1 mazz = 1
	CA

1 of 2 Claim Form 1 ye

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3. I wish to receive my share of the proposed Settlement.

Rodney Abhlacher

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

> Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

Case 5:07-cv-02813-JW

Document 68-16

Filed 06/19/2008 Page 41 01 00 ENTERED APR 2 8 2008

RECEIVED BY

APR 28 2008

Higazi v. Cadence Design Systems, Inc. **Class Action Settlement Administrator** Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1.	Your Contact Information.				
	Please review and, if necessary, con	rrect on the line to the	e right your contact information	n:	
	Cadence Employee ID # 110287 Last four digits of Social Security r	number			
	lldaddaalladdhadddaalldadla David Rokes 139	dalallald			
	If you wish, please add further cont and/or Class Counsel to reach you i settlement check.				
	Telephone number (daytime): Telephone number (evening) E-mail:	ж — — — — — — — — — — — — — — — — — — —		- •	
2.	Your Estimated Settlement Share, Dates of Employment, and Work Location				
	Cadence Design Systems, Inc.'s rec Position during the Covered Period follows:	cords show that you was defined in the Sett	vere employed by Cadence in a lement (see § 1.a. of the Class	Covered Notice) as	
		Da	tes of Employment		
	State(s) Where You Worked	Start Date	End Date		

CA



Based on this information, your estimated Settlement Share is Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

Signature

April 9th

2008

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before <u>June 4, 2008</u>. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

P.02/04

RECEIVED BY

APR 23 2008

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Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756 Tollebasses El. 32202 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

CLAIM FORM

1. Your Contact Information.

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

	cords show that you w as defined in the Sett	vere employed by Cadence in a Covered tlement (see § 1.a. of the Class Notice) as tes of Employment
E-mail: Your Estimated Settlement Shar		
Telephone number (daytime):		
		This will help the Settlement Administrate questions or difficulties sending you your
llduddoullaldludlddoulldall David Rokes 139	dalallabl	
Last four digits of Social Security	number	
Cadence Employee ID # 110287		

Ryb

2.

. Your estimated Settlement Based on this information, your estimated Settlement Share is Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
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3. I wish to receive my share of the proposed Settlement.

Signature

April 9H

4. Postmark Deadline

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> Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

Case 5:07-cv-02813-JW Document 68-16 Filed 06/19/2008 Page 45 of 80

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received b

JUN 02 2008

Settlement Service

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by <u>June 4, 2008</u>.

1.	Your Contact Information.			
	Please review and, if necessary, corn	rect on the line to th	e right your contact information:	
	Cadence Employee ID # 106482 Last four digits of Social Security n	umber		
	llduddudluulldudluudluullduddu Craig Rothrock 114			
	If you wish, please add further conta and/or Class Counsel to reach you in settlement check.	act information here n the event there are	This will help the Settlement Administrations or difficulties sending you you	strator our
	Telephone number (daytime): Telephone number (evening) E-mail:		<u> </u>	
2.	Your Estimated Settlement Share.	, Dates of Employn	nent, and Work Location	
	Cadence Design Systems, Inc.'s reco Position during the Covered Period a follows:	ords show that you was defined in the Set	were employed by Cadence in a Covered ttlement (see § 1.a. of the Class Notice)	i as
	Γ	Da	ates of Employment	
	State(s) Where You Worked	Start Date	End Date	

CA



Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

Signature and Confirmation of Consent to Join Collective Action

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- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
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3. I wish to receive my share of the proposed Settlement.

Signature

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

> Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

ENTERED MAY 2 9 2008

Received By

Medicanent Services, Inc.

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756 Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by <u>June 4, 2008</u>.

Please review and, if necessary, co	rrect on the line to th	e right your contact inform	ation:
Cadence Employee ID # 106482 Last four digits of Social Security	number		
llduddulluullduulluudluddudd Craig Rothrock 114			
If you wish, please add further contand/or Class Counsel to reach you settlement check.			
Telephone number (daytime):		- -	
Telephone number (evening) E-mail:	•		
Telephone number (evening)	. Dates of Employn	ent, and Work Location	
Telephone number (evening) E-mail:	ords show that you v	vere employed by Cadence	
Telephone number (evening) E-mail: Your Estimated Settlement Share Cadence Design Systems, Inc.'s rec Position during the Covered Period	ords show that you vas defined in the Set	vere employed by Cadence lement (see § 1.a. of the C	
Telephone number (evening) E-mail: Your Estimated Settlement Share Cadence Design Systems, Inc.'s rec Position during the Covered Period	ords show that you vas defined in the Set	vere employed by Cadence	

1 of 2 Claim Form

A He

Based on this information, your estimated Settlement Share is

Your estimated Settlement
Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class
Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the
Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to
the Labor and Workforce Development Agency of the State of California, and the payment to the
Settlement Administrator. Your actual Settlement Share may end up being higher or lower than

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3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

Signature

Date

2008

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at http://www.lieffcabraser.com/cadence-overtime.htm, jsagafi@lchb.com, or 1-800-541-7358.

Case 5:07-cv-02813-JW Document 68-163 Filed 06/19/2008 Page 49 of 80 ENTERED MAY 1 9 2008

Higazi v. Cadence Design Systems, Inc.

Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received B

MAY 1 9 2008

Settlement Services, In-

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by <u>June 4, 2008</u>.

1.	Your Contact Information. Please review and, if necessary, correct on the line to the right your contact information:
	Cadence Employee ID # 108073 Last four digits of Social Security number ———————————————————————————————————
	Hiluludhullududhdhaludhdudhullud Michael Phillip Ruberg 163
	If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.
	Telephone number (daytime): Telephone number (evening) E-mail:
_	The stand Softlament Share, Dates of Employment, and Work Location
2.	Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:
	Dates of Employment
	End Date
	State(s) Where You Worked Start Date End Date
	OR

JH H

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

Signature

711/08,2008

Page 50 of 80

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before <u>June 4, 2008</u>. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

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Case 5:07-cv-02813-JW Document 68-16 Filed 06/19/2008 4 2 ge 51 9 2008

Higazi v. Cadence Design Systems, Inc. ENTERED Class Action Settlement Administrator

Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By

APR 1 7 2008

Settlement Services, Inc.

CLAIM FORM

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1.	Your Contact Information.
	Please review and, if necessary, correct on the line to the right your contact information:
	Cadence Employee ID # 103852 Last four digits of Social Security number
	If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.
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2.	Your Estimated Settlement Share, Dates of Employment, and Work Location
	Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows: Dates of Employment
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	OR



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3. I wish to receive my share of the proposed Settlement. Signature

.2008

Page 52 of 80

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

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5. Questions?

APR 14 2008

Settlement Services, In-

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

CLAIM FORM

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ı.	Your Contact information.		
	Please review and, if necessary, co	orrect on the line to	the right your contact information:
	Cadence Employee ID # 106695 Last four digits of Social Security	number	· · · · · · · · · · · · · · · · · · ·
	Ihladdalalllaadlaalladdalaal Todd Michael Ryan 2	allilladdd	
	1		
	•		ere. This will help the Settlement Adminis are questions or difficulties sending you yo
	and/or Class Counsel to reach you		<u>-</u>
•	and/or Class Counsel to reach you settlement check. Telephone number (daytime): Telephone number (evening)	in the event there	are questions or difficulties sending you yo
•	and/or Class Counsel to reach you settlement check. Telephone number (daytime): Telephone number (evening) E-mail: Your Estimated Settlement Shar Cadence Design Systems, Inc.'s re	in the event there re, Dates of Emple ecords show that yo	are questions or difficulties sending you yo
	and/or Class Counsel to reach you settlement check. Telephone number (daytime): Telephone number (evening) E-mail: Your Estimated Settlement Shar Cadence Design Systems, Inc.'s re Position during the Covered Period	in the event there re, Dates of Emple ecords show that yo	are questions or difficulties sending you yo ywent, and Work Location ou were employed by Cadence in a Covered

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Signature

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

> Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

Higazi v. Cadence Design Systems, Inc. ENTERED APR 1 4 2008 Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By

APR 1 4 2008

settlement Services, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

Please review and, if necessary, co	71100c 02 2.10 1		
Cadence Employee ID # 106695 Last four digits of Social Security	number		
Ildaddaldlaadlaalladdalaadda Todd Michael Ryan 2	ոկկիակի		
If you wish, please add further con	ntact information he in the event there a	re. This will help the Sett re questions or difficulties	lement Administ
and/or Class Counsel to reach yousettlement.check	ntact information here a	re. This will help the Sett re questions or difficulties	lement Administs sending you yo
and/or Class Counsel to reach yousettlement.check Telephone number (daytime):	ntact information here a	re. This will help the Sett re questions or difficulties	lement Administ
and/or Class Counsel to reach you settlement check	in the event meter	Te questions of difficulties	
and/or Class Counsel to reach you settlement check	re. Dates of Emplo	vment, and Work Locati	on
and/or Class Counsel to reach you settlement check. Telephone number (daytime): Telephone number (evening) E-mail: Your Estimated Settlement Share Cadence Design Systems, Inc.'s re Position during the Covered Perio	re, Dates of Emplo	vment, and Work Locati	ion nce in a Covered
and/or Class Counsel to reach you settlement check. Telephone number (daytime): Telephone number (evening) E-mail: Your Estimated Settlement Share	re, Dates of Emplo	vment, and Work Locati	ion nce in a Covered

Based on this information, your estimated Settlement Share is \$\text{Your estimated Settlement}\$ Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

Signature

4/11 --- 3

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at http://www.lieffcabraser.com/cadence-overtime.htm, jsagafi@jchb.com, or 1-800-541-7358.

Higazi v. Cadence Design Systems, Inc. ENTERED APR 1 4 2008 Class Action Settlement Administrator

Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By

APR 11 2008

Settlement Services, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement. Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1.	Your Contact Information. Please review and, if necessary, con-	rect on the line to	the right your contact information:		
	Cadence Employee ID # 106695 Last four digits of Social Security n				
	lldaddaldlaadlaalladdaldad Todd Michael Ryan 2	J.HJ.J.J			
	If you wish, please add further cont and/or Class Counsel to reach you i scattement check.	act information hen the event there	ere. This will help the Settlement Administrator are questions or difficulties sending you your		
	Telephone number (daytime): Telephone number (evening) E-mail:				
2.	Your Estimated Settlement Share, Dates of Employment, and Work Location				
		and choru that we	ou were employed by Cadence in a Covered Settlement (see § 1.a. of the Class Notice) as		
			Dates of Employment		
	State(s) Where You Worked	Start Date	End Date		
	CA	•	⊶ .		

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Your estimated Settlement Based on this information, your estimated Settlement Share is \$ Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 secented By

APR 11 2008

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5. Questions?

Higazi v. Cadence Design Systems, Inc. ENTERED MAY 2 9 2008

Class Action Scttlement Administrator Post Office Box 1756 Tallahassec, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

Received By

- sertlement Services, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by <u>June 4, 2008</u>.

i.	Your Contact Information.	
	Please review and, if necessary, correct on the line to the	right your contact information:
	Cadence Employee ID # 107308 Last four digits of Social Security number	
	Albadahlahalladladladladladladladladladladladladla	
	If you wish, please add further contact information here and/or Class Counsel to reach you in the event there are settlement check.	This will help the Settlement Administrator questions or difficulties sending you your
	Telephone number (daytime): Telephone number (evening) E-mail:	
2.	Your Estimated Settlement Share, Dates of Employr	nent, and Work Location
- -	Cadence Design Systems, Inc.'s records show that you Position during the Covered Period as defined in the Se follows:	were employed by Cadence in a Covered tilement (see § 1.a. of the Class Notice) as
	D	ates of Employment
	State(s) Where You Worked Start Date	End Date
	State(s) where you worked	
	CA ··	

1 of 2 Claim Form MAYE-29-2008 THU 10:37 AM

Based on this information, your estimated Settlement Share is Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, 1 (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Λct, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

I wish to receive my share of the proposed Scallement.

ature

,2008

Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tcl.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at http://www.liesscaper.com/cadence-overtime.htm, jsagasi@lchb.com, or 1-800-541-7358.

2 of 2

Case 5:07-cv-02813-JW Document 68-16

ENTERED JUN 0 4 2008

Received By JUN 04 2008 pertlement Services, Inc

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756 Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

6.	Your Contact Information		
	Please review and, if necessary, co	rrect on the line t	o the right your contact information:
	Cadence Employee ID #: 112167 Last four digits of Social Security 1	number:	
	Evan Sanders		
	., ,		
	If you wish, please add further comand/or Class Counsel to reach you settlement check.	tact information lin the event there	nere. This will help the Settlement Administrator are questions or difficulties sending you your
	Telephone number (daytime): Telephone number (evening) E-mail:		
7.	Your Estimated Settlement Share	e, Dates of Empl	oyment, and Work Location
	Cadence Design Systems, Inc.'s rec Position during the Covered Period follows:	cords show that y as defined in the	ou were employed by Cadence in a Covered Settlement (see § 1.a. of the Class Notice) as
			Dates of Employment
	State(s) Where You Worked	Start Date	End Date
	CA		



Based on this information, your estimated Settlement Share is Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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8. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
- 3. I wish to receive my share of the proposed Settlement.

May 29th, 2008

9. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

> Higazi v. Cadence Class Action Settlement Administrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

Case 5:07-cv-02813 05/29/2008 12:49 4085727

ENTERED May 2 9 2008

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By MAY 2 9 7008

ectiement Services, Inc.

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "C ass Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

6.	Your Contact Information		
	Please review and, if necessary, co	rrect on the line	to the right your contact information:
	Cadence Employee ID #: 112167 Last four digits of Social Security:	numbei	
	Evan Sanders		
	•		
	and/or Class Counsel to reach you settlement check. Telephone number (daytime): Telephone number (evening) E-mail:	in the event the	re are questions or difficulties sending you your
7.	Your Estimated Settlement Shar	e, Dates of Em	ployment, and Work Location
	Cadence Design Systems, Inc.'s rec Position during the Covered Period follows:	ords show that as defined in the	you were employed by Cadence in a Covered he Settlement (see § 1.a. of the Class Notice) as
			Dates of Employment
	State(s) Where You Worked	Start Date	End Date
	CA		



Your estimated Settlement Based on this information, your estimated Settlement Share is Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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8. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
- 3. I wish to receive my share of the proposed Settlement.

9. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

> Figazi v. Cadence Class Action Settlement Administrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

Case 5:07-cv-02813-JW

Document 68-16

Filed 06/19/2008

Page 65 of 80

Higazi v. Cadence Design Systems, Inc. **Class Action Settlement Administrator**

Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 109

Received By MAY 0 9 2008

ENTERED MAY 1 2 2008

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1.	Your Contact Information.
	Please review and, if necessary, correct on the line to the right your contact information:
	Cadence Employee ID # 108243 Last four digits of Social Security number
	Ildudulddddddddddddddddddddddddd Gurusankar Sankararaman 197
	· · · · · · · · · · · · · · · · · · ·
	If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.
	Telephone number (daytime):
	Telephone number (evening)
	E-mail:
2.	Your Estimated Settlement Share, Dates of Employment, and Work Location
	Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:
	Dates of Employment
	State(s) Where You Worked Start Date End Date
	CA



. Your estimated Settlement Based on this information, your estimated Settlement Share is \$ Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
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- 3. I wish to receive my share of the proposed Settlement.

S. Gm Sallan Signature . 2008

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

> Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 93

Received By
MAY 0 5 2008
Settlement Services, In-

ENTER :: :: AY 0 6 2008

CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

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1.	Your Contact Information.			
	Please review and, if necessary, co	orrect on the line to	the right your contact information:	
	Cadence Employee ID # 109386 Last four digits of Social Security	number		
	Ildindullind			<u>·</u>
	•			
			re. This will help the Settlement A re questions or difficulties sending	
	Telephone number (daytime): Telephone number (evening) E-mail:			_
2.	Your Estimated Settlement Shar	e, Dates of Emplo	yment, and Work Location	
			u were employed by Cadence in a Control of the Class North Clast North Class North Class North Class North Class North Class N	
			Dates of Employment	
	State(s) Where You Worked	Start Date	End Date	
	CA		:	

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Based on this information, your estimated Settlement Share is \$4 . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

Signature of the proposed S

4/30/2005,2008

Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

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5. Questions?

Case 5:07-cv-02813-JW Document 68-16 Filed 06/19/2008 Page 69 of 80

Higazi v. Cadence Design Systems, Inc.

Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

RECEIVED BY

APR 28 2008

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CLAIM FORM

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by <u>June 4, 2008</u>.

1.	Your Contact Information.
	Your Contact information: Please review and, if necessary, correct on the line to the right your contact information:
	Cadence Employee ID # 117129 Last four digits of Social Security number ————————————————————————————————————
	hulldhuhludlludludludludludludld William Schrier 32
	If you wish, please add further contact information here. This will help the Settlement Administrate and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.
	Telephone number (daytime): Telephone number (evening) E-mail:
2.	Cattlement Shore Dates of Employment, and Work Location
<i>4</i> •	Your Estimated Settlement Share, Dates of Estimated Settlement Share, Dates of Estimated Settlement Share, Dates of Estimated by Cadence in a Covered Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Cadence Design Systems of the Cadence Cade
	follows: Dates of Employment
	End Date
	State(s) Where You Worked Start Date End Date
	PA
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Based on this information, your estimated Settlement Share is \$. Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share off the proposed Settlement.

Signature

Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

> Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

Case 5:07-cv-02813-JW

3-JW Document 68-16.2 Filed 06/19/2008 Page 71 of 80 Higazi v. Cadence Design Systems, Inc. ENTERED MAY 0 2 2008 Class Action Settlement Administrator

Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

Received B. MAY 0 1 200F Settlement Services.

CLAIM FORM

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1.	Your Contact Information.			
	Please review and, if necessary, co	orrect on the line t	o the right your contact infor	mation:
	Cadence Employee ID # 8084 Last four digits of Social Security	number		<u>-</u>
	llılırılılırıllılırlırılıllılırırıllılılılı Himanshu H. Shah 18		· · · · · · · · · · · · · · · · · · ·	
	If you wish, please add further con and/or Class Counsel to reach you settlement check.			
	Telephone number (daytime): Telephone number (evening) E-mail:		- , .	-
•	Your Estimated Settlement Shar	e, Dates of Emple	oyment, and Work Location	<u>1</u>
	Cadence Design Systems, Inc.'s rec Position during the Covered Period follows:			
			Dates of Employment	
	State(s) Where You Worked	Start Date	End Date	·
	CA	- -		

Based on this information, your estimated Settlement Share is \$ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
- 3. I wish to receive my share of the proposed Settlement.

Hushah.	4/25/08	, 2008
Signature	Date	

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before <u>June 4, 2008</u>. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at http://www.lieffcabraser.com/cadence-overtime.htm, jsagafi@lchb.com, or 1-800-541-7358.

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 **RECEIVED BY**

APR 28 2008

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CLAIM FORM

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1.	Your Contact Information. Please review and, if necessary, correct on the line to the ri	ght your contact information:
	Cadence Employee ID # 3026 Last four digits of Social Security number	
	lldadalllaaddadallaaadddadddadd Farokh M. Shapoorjee 6	
-	If you wish, please add further contact information here. and/or Class Counsel to reach you in the event there are questilement check.	This will help the Settlement Administrator uestions or difficulties sending you your
	Telephone number (daytime): Telephone number (evening) E-mail:	A XXI. Is I a cotion
3	Share Dates of Employme	ent, and Work Location
2.	Cadence Design Systems, Inc.'s records show that you we Position during the Covered Period as defined in the Settle	ere employed by Cadence in a Covered lement (see § 1.a. of the Class Notice) as
	follows:	es of Employment
		End Date
	State(s) Where You Worked Start Date	
	$C\Delta$	

1 of 2 Claim Form

Based on this information, your estimated Settlement Share is \$\). Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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- 3. I wish to receive my share of the proposed Settlement.

F.M. Shopoorjee	APR. 20	, 2008
Signature	Date	

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before <u>June 4, 2008</u>. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator
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Tallahassee, FL 32302-1756
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Case 5:07-cv-02813-JW

Document 68-169

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Higazi v. Cadence Design Systems, Inc. **Class Action Settlement Administrator**

> Post Office Box 1756 Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

APR 14 2008

Settlement Services, In

CLAIM FORM

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1.	Your Contact Information.			
	Please review and, if necessary, co	orrect on the line to	the right your contact information:	
	Cadence Employee ID # 106079 Last four digits of Social Security	number	· · · · · · · · · · · · · · · · · · ·	- -
	Illumllallandlandladdalala Todd Simonds 1	ullhimhil		
			ere. This will help the Settlement Admi are questions or difficulties sending you	
	Telephone number (daytime): Telephone number (evening) E-mail:		· · · · · · · · · · · · · · · · · · ·	
2.	Your Estimated Settlement Shan	e, Dates of Emplo	yment, and Work Location	
			ou were employed by Cadence in a Cove Settlement (see § 1.a. of the Class Notic	
			Dates of Employment	
	State(s) Where You Worked	Start Date	End Date	
	MA			

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Tadel Limit Signature

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5. Questions?

ENTERED MAY 2 8 2008

Received By

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Settlement Services, Iru

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

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1.	Your Contact Information.	: -1.4 contact information:
	Please review and, if necessary, correct on the line to the r	ngnt your contact information
	Cadence Employee ID # 101806 Last four digits of Social Security number	
	llulululluululululluulululluululluullu	
	If you wish, please add further contact information here. and/or Class Counsel to reach you in the event there are o settlement check.	This will help the Settlement Administrator questions or difficulties sending you your
	Telephone number (daytime): Telephone number (evening) E-mail:	
_	I G 441-mont Share Dates of Employm	ent, and Work Location
2.	Your Estimated Settlement Share, Dates of Cadence Design Systems, Inc.'s records show that you were Position during the Covered Period as defined in the Settlement Share, Dates of States of Cadence Design Systems, Inc.'s records show that you were provided in the Settlement Share, Dates of Cadence Design Systems, Inc.'s records show that you were provided in the Settlement Share, Dates of Cadence Design Systems, Inc.'s records show that you were provided in the Settlement Share, Dates of Cadence Design Systems, Inc.'s records show that you were provided in the Settlement Share, Dates of Cadence Design Systems, Inc.'s records show that you were provided in the Settlement Share, Dates of Cadence Design Systems, Inc.'s records show that you were provided in the Settlement Share of Cadence Design Systems and Dates of Cadence Design Systems and Dates of Cadence Design Systems and Dates of Cadence Design Systems are provided in the Settlement Share of Cadence Design Systems and Dates of Cadence Design Systems are provided in the Settlement Share of Cadence Design Systems and Dates of Cadence Design Systems are provided in the Settlement Share of Cadence Design Systems are provided in the Settlement Share of Cadence Design Systems and Dates of Cadence Design Systems are provided in the Cadence Design Systems are provided in the Cadence Design Systems and Dates of Cadence Design Systems are provided in the Cadence Design Systems	
	follows:	
	Da	ntes of Employment
	State(s) Where You Worked Start Date	End Date
	State(s) where 100	
	CA	

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- 3. I wish to receive my share of the proposed Settlement.

Signature Signature

5-/6-08, 2008

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Higazi v. Cadence Design Systems, Inc. ENTERED MAY 0 7 2008 Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

Received By

MAY 0 6 2008

Settlement Services, Inc.

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Please review and, if necessary, c	correct on the line to the	
	direct on the interior	e right your contact information:
Cadence Employee ID # 105256 Last four digits of Social Security	y number	
llıhıdılıdıdıdıdıdıdıdıdıdıdıdı Keith Snyder 149	adMichillio)	
If you wish, please add further co and/or Class Counsel to reach yo settlement check.	ontact information here. u in the event there are	This will help the Settlement Administr questions or difficulties sending you you
Telephone number (daytime): Telephone number (evening) E-mail:		
		and Work I agation
Your Estimated Settlement Sha	are, Dates of Employn	Bent, and Work Location
Your Estimated Settlement Sha Cadence Design Systems, Inc.'s Position during the Covered Peri	eacards show that you y	were employed by Cadence in a Covered
Your Estimated Settlement Sha	records show that you vod as defined in the Set	were employed by Cadence in a Covered thement (see § 1.a. of the Class Notice) a ates of Employment



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